FLIGHT MEDICAL CLEARANCE FORM

APPLICANT MUST COMPLETE THIS MEDICAL HISTORY
PLEASE TYPE OR PRINT CLEARLY IN DARK INK

	LAST NAME	FIRST NAME	MIDDLE NAME

	STREET ADDRESS	CITY	STATE	ZIP	DAY PHONE #
					( )

	DOB (MM/DD/YY)	GENDER	EVENING PHONE #	CELL PHONE #
			( )	( )

DO YOU CURRENTLY USE ANY MEDICATION (prescription or non-prescription)? ☐ YES ☐ NO If yes, list name, purpose dosage & frequency of use. (Attach additional sheet if needed).

MEDICAL HISTORY Have you EVER HAD, or do you NOW HAVE, any of the following conditions? Answer "YES" for every condition you have ever had in your life. Please describe the condition and the approximate date of occurrence in the explanation box provided below.

	YES	NO	CONDITION		YES	NO	CONDITION		YES	NO	CONDITION
A			FREQUENT OR SEVERE HEADACHES	I			STOMACH, LIVER OR INTESTINAL TROUBLE	Q			MOTION SICKNESSS REQUIRING MEDICATION
B			DIZZINESS OR FAINTING SPELLS	J			KIDNEY STONE OR BLOOD IN URINE	R			MILITARY MEDICAL DISCHARGE
C			UNCONSCIOUSNESS FOR ANY REASON	K			DIABETES	S			MEDICAL REJECTION BY MILITARY SERVICE
D			EYE OR VISION TROUBLE (EXCEPT GLASSES)	L			NEUROLOGICAL DISORDERS: EPILEPSY, SEIZURES, STROKE, PARALYSIS, ETC.	T			REJECTION FOR LIFE OR HEALTH INSURANCE
E			HAY FEVER OR ALLERGY	M			MENTAL DISCORDERS OF ANY SORT: DEPRESSION, ANXIETY, ETC.	U			ADMISSION TO HOSPITAL
F			ASTHMA OR LUNG DISEASE	N			SUBSTANCE DEPENDENCE OR FAILED DRUG TEST (EVER), OR SUBSTANCE ABUSE OR USE OF ILLEGAL SUBSTANCE IN THE LAST FIVE YEARS.	V			OTHER ILLNESS, DISABILITY OR SURGERY.
G			HEART OR VASCULAR TROUBLE	O			ALCOHOL DEPENDENCE OR ABUSE				
H			HIGH OR LOW BLOOD PRESSURE	P			SUICIDE ATTEMPT				

EXPLANATIONS: If you answered "yes" to any of the above items, describe the condition and the approximate date of occurrence. Use additional page if necessary.

HAVE YOU VISITED A HEALTH PROFESSIONAL WITHIN THE LAST 3 YEARS? ☐ YES (LIST BELOW) ☐ NO

DATE	NAME, ADDRESS & TYPE OF HEALTH PROFESSIONAL	REASON FOR VISIT

ADDITIONAL COMMENTS:

SIGNATURE OF APPLICANT	DATE

When complete, FAX or Mail Form to:

Gregg A. Bendrick MD, MPH
Senior Flight Surgeon
NASA Dryden Flight Research Center
PO Box 273, Mailstop 4822
Edwards AFB, CA 93523-0273
FAX: (661) 276-2392